

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90019 024 \*\*\*\*61.25

**DOCUMENT # N97000006586**

1. Entity Name  
**THE HURLBURT FOUNDATION, INC.**



Principal Place of Business  
7301 S.W. 57TH COURT  
SUITE 560  
SOUTH MIAMI, FL 33143

Mailing Address  
7301 S.W. 57TH COURT  
SUITE 560  
SOUTH MIAMI, FL 33143

40023503



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0795533

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOHATCH, JOHN S ESQ  
7301 SW 57TH COURT  
SUITE 560  
SOUTH MIAMI, FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME HURLBURT, W. FRANK III ☐ Delete  
STREET ADDRESS 3630 BENEVA OAKS DRIVE  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HURLBURT, JEAN L ☐ Delete  
STREET ADDRESS PO BOX 2070 N/A  
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE D ☒ Change ☐ Addition  
NAME HURLBURT, JEAN L  
STREET ADDRESS 3799 CADBURY CIRCLE #614  
CITY-ST-ZIP VENICE FL 34293

TITLE D  
NAME KANARICK, HERBERT G ☐ Delete  
STREET ADDRESS 441 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE D ☒ Change ☐ Addition  
NAME KANARICK, HERBERT G  
STREET ADDRESS SP COOPER & COMPANY LLP  
CITY-ST-ZIP 1 EXECUTIVE BLVD 4TH FLOOR  
YONKERS NY 10701-6822

TITLE D  
NAME KLINE, MICHAEL H SR ☐ Delete  
STREET ADDRESS 10297 MONARCH DRIVE  
CITY-ST-ZIP LARGO, FL 33744

TITLE D ☒ Change ☐ Addition  
NAME KLINE, MICHAEL H SR  
STREET ADDRESS 515 PONCE DE LEON BOULEVARD  
CITY-ST-ZIP BELLEAIR FL 33756

TITLE D  
NAME HURLBURT, NANCY L ☐ Delete  
STREET ADDRESS 200 OCEAN DRIVE  
CITY-ST-ZIP TAVERNIER, FL 33070

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BOHATCH, JOHN S ESQ ☐ Delete  
STREET ADDRESS 2421 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D ☒ Change ☐ Addition  
NAME BOHATCH, JOHN S ESQ  
STREET ADDRESS 7301 SW 57TH COURT SUITE 560  
CITY-ST-ZIP SOUTH MIAMI FL 33143

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08

Date

Daytime Phone #